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<b>Attention:</b> Group Art Unit: 1795	<b>From:</b> Travis Dodd
<b>Fax:</b> 571-273-8300	<b>Fax:</b> 818-833-2065
<b>Phone:</b>	<b>Phone:</b> 818-833-2014
<b>Company:</b> U.S. Patent and Trademark Office	<b>Company:</b> Quallion LLC
	<b>Pages:</b> Total of (20) Pages
<b>Re:</b> Application Serial No.: 10/666,861 Title: ELECTRIC STORAGE BATTERY CONSTRUCTION AND METHOD OF MANUFACTURE Filed: September 17, 2003 Examiner: Cynthia Lee Group Art Unit: 1795 Attorney Docket No.: Q137-US2	<b>Date:</b> February 17, 2008

☐ Urgent ☒ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle

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Amendment Transmittal Letter (1 page)  
Fee Transmittal (1 page)  
Amendment (5 pages)  
Terminal Disclaimer (1 page)  
Revocation of Power of Attorney; Power of Attorney by Assignee (2 pages)  
Statement Under 37 CFR 3.73(b) (1 page)  
Copy of Assignment and Recordation Papers (7 pages)  
Form PTO-2038 Credit Card Authorization (1 page)

Lisa Robbins

(Name of Person Signing Certificate)

(Signature)

**Quallion LLC**


PO Box 923127, Sylmar, CA 91392-3127 • PH: (818) 833-2000 • FAX: (818) 833-2065

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FEB 17 2009

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	10/666,861
	<b>Filing Date</b>	September 17, 2003
	<b>First Named Inventor</b>	Hisashi Tsukamoto et al.
	<b>Group Art Unit</b>	1795
	<b>Examiner Name</b>	Cynthia Lee
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b> Q137-US2

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized <input checked="" type="checkbox"/> Amendment After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers <i>(for an Application)</i> Drawing(s) Licensing-related Papers Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer Request for Refund CD, Number of CD(s) _____	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> Proprietary Information Status Letter Other Enclosure(s) <i>(please identify below):</i> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Remarks: _____		

Customer Number or Bar Code Label	<div style="border: 1px solid black; padding: 2px;">31815</div> <i>(Insert Customer No. or Attach bar code label here)</i>
The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.	
Respectfully submitted,	
Dated: <u>2/17/2009</u> Phone: (818) 833-2003 Fax: (818) 833-2065	By:  Travis Dodd Attorneys for Applicant(s) P.O. Box 923127 Sylmar, CA 91392-3127

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date: _____			
Typed or printed name	TRAVIS DODD		
Signature		Date	

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### FEE TRANSMITTAL

Attorney Docket No.	Q137-US2
First Named Inventor:	TSUKAMOTO, Hisashi et al.
Application Number	11/666,861
Filing Date:	September 17, 2003
Examiner Name:	1795
Group/Art Unit:	Cynthia Lee

<b>TOTAL AMOUNT OF PAYMENT:</b>	<b>\$ 70.00</b>
<b>METHOD OF PAYMENT (check One)</b>	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 50-0921  Deposit Account Name: Quallion LLC</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order  <input checked="" type="checkbox"/> Other - Credit Card</p>

#### 2. UTILITY Basic Filing Fee & Claims


(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$330.00	\$165.00	\$0.00
Total Claims	14 - 20 =	0	X \$52.00	X \$26.00	\$0.00
Independent Claims	1 - 3 =	0	X \$220.00	X \$110.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$390.00	\$195.00	\$0.00
Total of above Calculations =					\$0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$220.00	\$110.00	\$0.00
Reissue filing fee	\$330.00	\$165.00	\$0.00
Provisional filing fee	\$220.00	\$110.00	\$0.00
Total of above Calculations =			\$0.00

#### 3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Terminal Disclaimer	\$	\$70.00	\$70.00
	\$		
	\$		
	\$		
	\$		
TOTAL:			\$70.00

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	2/17/2009